CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03663	,	
	1. PLACE OF DEATH County and Co	Registration Dist. No. 8/		
	Village or City Union Budge Ma	No. St., War	d	
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?rsmosd:	3.	
	2. FULL NAME Jacob Franklin a	Bankard		
	(a) Residence No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Street	21. DATE OF DEATH (Month) (Day) (Year)	-	
TION is very important. See instructions on back of certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Comanda Sheet	22. I HEREBY CERTIFY, That I attended deceased from 4 3 - ,193 4, to 4 - 5 - ,193 5		
	6. DATE OF BIRTH (month, day, and year) april 21, 1857	I last saw h m alive on 4 - 1 193 4 death is sal		
	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at _/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	z 8. Trade, profession, or perticular	were as follows: Date of onse	t	
	SAMYER, BOOKKEEPER, etc. SAMYER, BOOKKEEPER, etc. SAMYER And One as SI IK MILL	Lober neumony 3.		
bac	work was done, as SILK MILL, SAW MILL, BANK, etc.	3	X	
on s	11. Total time (years) this occupation (month and year)		-	
ctions	12. BIRTHPLACE (city or town) Carroll Co- Md	Other Contributory Causes of importance:		
ustru	(State or country) (State or country) (State or country) (3) NAME Thomas Bankand		-	
	14. BIRTHPLACE (city or town)	Name of operation Oate of		
Š	(State or country) Canoli Co	What test confirmed diagnosis? Was there an au'opsy?		
ortant.	15. MAIOEN NAME Cler Bankard 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19	-	
is very important. See instructions on back of	17. INFORMANT Mr. C. W. Caruson (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	-	
20.	18. BURIAL, CREMATION, OR REMOVAL Place Light Color S. 193	Manner of injury		
TION	19. UNDERTAKER Raymond K. Kright (Address) Union Broke Maglet	24. Was disease or injury In any way related to occupation of deceased?	-	
F	20, FILEO 4/17 , 1934 Leasles 2, 1 Chilo.	(Signed) D. It Regg M. (Address) Userion Bridge m	D.	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street. Baltimore, Requesting U. S. No. 1.	5	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in grawer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis - FIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU.	RTHER ST	PATEMENTS :	BY	PHYSICIAN
--------------------------	----------	-------------	----	-----------

should

Every

PHYSICIAN

CTL

E

stated

should

illy supplied plain terms.

be carefully

should

mation s

-WRITE

classified

properly certificate.

may

on

instructions

See

EATH in 1

OF D

LION

that

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Toars County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where How long in U.S. if of foreign birth?_____yrs.____mos. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, ordivor 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance ...min. Date of onset 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation ____ 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTYPLACE (city or town) Name of operation. e or count(y) What test confirmed diagnosis?. ----- Was there an autopsy?-----HER 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?_____ Date of injury____ (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 19. UNDERTAKER 24. Was disease or Injury in any wey related to occupation of deceased? (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	an Apa	Example II	2.11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUHGALI V. S	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	U3667
County Carrall	Registration Dist. No.
Village or City Janeurous Length of residence in city or town where death occurred yrs	NDSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) Isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Miss amelia H. B	UI MA O.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warrie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I HEREBY CERTIFY, That I ettended deceased from 1934, to 1934 death is said
7. AGE Yeers Months Deys If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at 1.2:15. P.m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Charles Date of onset 3/20/31 Charles Date of onset 3/20/31
10. Date deceased lest worked et this occupetion (month end yeer) 12. BIRTHPLACE (city or town) Carrall Carrall Carrall Carrall Carrall	Other Contributory Causes of importence:
13. NAME Rogers Burne 14. BIRTHPLACE (city or town) Carrall (State or country)	Name of operation Dete of Whet test confirmed diagnosis? Westhere an eutopsylving
15. MAIDEN NAME Onlis Harry 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT ACCOUNTS AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER (Address) Owner Suns San	24. Wes diseese or injury In any wey releted to occupetion of deceased? If so, specify (Signed)
20. FILED 22, 1907 Segistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

item of mion-	should state	of OCCUPA.	1
KECURD, Every	. PHYSICIANS	Exact statement	
DING INK-THIS IS A PERMANENT RECORD, EVERY ILEM OF INITIAL	d. AGE should be stated EXACTLY. PHYSICIANS should state	, so that it may be properly classified. Exact statement of OCCUPA-	ructions on back of certificate.
2	be	be 1	of c
ZK-TT	plnous	it may	n back
NG	AGE	that	tions o
	d.	S	ruci

		F MAR'	YLAND-	CERTIFICATE OF DEATH erculosis Sanatorium	13668
1. PLACE OF DEAT				ed Branch (23 Registration Dist. No. 74	
Village or City He	nryton,		(if yrs. 3 mos.	No. (above)St., death occurred in a horpital or institution, give its NAME instead of street and 10ds. How long in U.S. if of foreign birth?	Ward number) osds.
2. FULL NAME Al	ice Virg	ginia B	ooker t., Balt:	image, Moverd. If nonresident give city or lown and	
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	r or race	s, single, mar or divorce W1dow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 20, 1934 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	rced			Jan., 10, 1934, to April 20,	deceased from
6. DATE OF BIRTH (month, day	and year) Jui	ne 24,	1903	liast saw h er alive on April 20, 1934,9	_; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5.55 P. M.	
30	9	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or pa	articular	Domest	10	Pulmonary Tuberculosi	\$
SAWYER, BOOKKEE	PER, etc.	Domest	10		Nov.
9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL,	Unknow	n		1933
O 10. Date deceased last wor	rked at_	11. Total t	ime (years) nt in thiUnkno	77	-
year)	nth an Unkno	AATH OCC	upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Scott Virgi	sville nia			
© 13. NAME	Henry	Dodsor	1		
14. BIRTHPLACE (city or to	Scott Virgi	sville nia		Name of operation Dato of Was there an	7
15. MAIDEN NAME	Maggi	e Carte	er	23. If death was due to external causes (VIOL ENCE) fill in also the followin	g:
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	own) Scott Virgi	sville nia		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT John (Address) Henry	E. O'Ne	ill, M.	. D.	(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
18. BURIAL, CREMATION, DR		-	6-1. 2.3,1934	Manner of injury	
19. UNDERTAKER (Address) 5 >	wel 7	Hen	eless.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	no
20. FILED 4/20/34	19 City Deput	mode v Loca	Registrar.	(Signed) Mul Go Neell (Address) TEnny	Low m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	33.11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscleronis May 4 16.	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

						ed Branch Registration Dist. No. 74	03669
	1200		nryton or town where		O yrs 1 mo	ND. (above) St., f death occurred in a hospital or institution, give its NAME instead of street and s. 19 ds. How long in U.S. if of foreign birth? yrs. m	war number)
2	2. FULL NAME Frank Henry Booze (a) Residence: No. 1142 N. Carey St., Balto (Usual place of abode)						
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH	
3. S		4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH April 29, 1934 (Month) (Day)	., 193 (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of				Dec., 2	9. 1912	22. I HEREBY CERTIFY, That I attended deceased Mar., 10, 19349, to Apr., 29, 1934 I last saw h im alive on April 29, 1934; death is	1934
7. A	AGE Year	L	Months 4	Days O	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5. 30 R. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of one
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Student 9. Industry or business in which work was done, es SILK MILL, None					Pulmonary Tuberculosis	-
OCCU	work was done, es SILK MILL, NONE SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this None occupation (month and year)						Dec.
12. BIRTHPLACE (city or town) Adelina (State or country) Maryland						Dther Contributory Causes of importance:	
ER	13. NAME		Phil	ip Boo	ze		
FAT	T) - 1 3 - 1 - 1 - 1					Name of operation Dete of Was there an	27
15. MAIDEN NAME Henrietta Chew Adelina (State or country) Maryland 17. INFORMANT John E. O'Neill, M. D.				ina land eill, M		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State St	, 19
18.	(Address) Henryton, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Address Henryton, Md. Dete 1/3 4 19				2/34,19	Manner of Injury	
19.	UNDERTAKER /	Mrs	418.7 36h	Holale	small pri	24. Was disease or Injury In any way related to occupation of deceased? If so, specify	no
20. FILED 4/29/34 19 Deputy Local Registrar.				Nat 5	neile.	(Signed) Thus the Me	ull

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1.5 2.3	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

state

STATE C	F MARY	LAND-	CERTIFICA	TE OF DEATH	03670
County Carroll			151	Registration Dist. No.	76
Village or City Mr. Westr	ninsto		No		St. Ward
Length of residence in city or town where of the state of	death occurred			or institution, give its NAME instead of U.S. if of foreign birth?yrs.	
(a) Residence: No.	(Usual place of	abode)	St.,Ward.	If nonresident give city o	or town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDIC	AL CERTIFICATE OF D	EATH
Male 1. COLOR OR RACE	S. SINGLE, MARR OR DIVORCED	fED, WfDOWED, (write tha word)	21. DATE OF DE	4-28 (Month) (Day	193 /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HER 4-2.	EBY CERTIFY, That	(13-17)
6. DATE OF BIRTH (month, day, and year)	pril 28	1934	I last saw h_ aliv	e on 4-28	, 19.3 / ; daath Is sale
7. AGE Years Months	Days & 4	If LESS than f day,hrs. ormin,		lata statad above, at	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	und		Malforna	ling hart	Date of enset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Date deceased last worked at this occupation (month and year)	11. Total tim	ne (years) in this ation			
12. BIRTHPLACE (city or town) My W- (State or country)	estmino	t	Other Contributory Cause	s of Importanca:	
1 1. / n	sitimi	211			
13. NAME Walter 14. BIRTHPLACE (city or town)	d		Name of oparation	nosis?Wa	
15. MAIDEN NAME Berlie	Selvettl	f		ernal causes (VIOL ENCE) fill in also t	
15. MAIDEN NAME Parties 16. BIRTHPLACE (city or town) (State or country)	id.			iclde? Date of inj	
17. INFORMANT Watter Br (Addrass) W. satmin	eiters	en nd.		(Specify city or town, cou curred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE,
18. BURIAL, CREMATION, OB REMOVAL Place A Roberts		29,1934	Manner of Injury		
19. UNDERTAKER 78 asst (Address) Westin	kurd + S	m d	24. Was diseasa or injury	In any way ralated to occupation of da	caased?
20. FILED 4 29, 1975	fecer	Registrar.	(Signed) (Addrasa)	With struck	~ hd M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	60	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C. E. 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Cart	oll	ORPORATE L	MITT	1740	Registration D	ist. No. 7/	
Village or City_2	estmir	ister		No		St.	Wa
Length of residence in	city or town where	death occurred_6	2 yrs 5 mos	death occurred in a horpital or in	stitution, give its NAME If of foraign birth?	instead of street and	number)
2. FULL NAME	France	is Press	Hen to a	ssell			
(a) Residence: No.	1392	v. m	ain	St., Ward.			
PERCONAL	ND CTATICE	(Usual place		I MEDICAL		ve city or town and	d State
PERSONAL A	OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	CERTIFICATE	OF DEATH	
male V	Vhito		D (write the word)	ZI. DATE OF BEAT	Month)	(Day)	., 193 (Year)
. If married, widowed, or di HUSBAND ot	vorcad	0		22. I HEREI	BY CERTIFY		daggaad
(or) WIFE ot				apr 27.	193 (Ato. C		192
DATE OF BIRTH (month,	lay, and year) ho	1. 12	-18>1	i lest saw h alive on.	apr 29-	1	daath is
AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data s		Lm.	
62	3-	1 / 7	ormin.	The PRINCIPAL CAUSE OF D	EATH and raiated ceuses	of importance	Date eto
8. Trade, protession, or kind of work don SAWYER, BOOKK	particular a, as SPINNER,	Pluk.		lug	ma fel	lows	apr
9. Industry or business	in which	2 6				**********	-1.90
work was done, a SAW MILL, BANK		Sank	_				-
9. Industry or business work was done, a SAW MILL, BANK 10. Date deceased last w this occupation (n year)	nonth end	11. Total t	ime (years) nt in this upation 30				
	2		upation	Othar Contributory Causes of i	mportance:		1
2. BIRTHPLACE (city or tow (State or country)	1) [] ()	med.		ocule	Carall	~	1,00
13. NAME PYL	iben of	Po asse	ll	wital	alim		
13. NAME Sel	town)			Name of oparation	eson	Date of	-
(Steta or country)		rd.		What tast confirmed diagnosis	00	Executera an	au'opsy?
15. MAIDEN NAME M	asgaris	Schu	rigen	23. It death was due to axternal	ceuses (VIOLENCE) fill i	n also the following	g:
16. BIRTHPLACE (city or			0	Accident, suicida, or homicide	? Da	ta of Injury	, 19
(State or country	7/1	L. faran	11	Where did injury occur?	(Specify city or to	wn, county and Stat	le)
(Address) 13 9	W. Mari	ouse wer	minster the	Specity whether injury occurre	d in INDUSTRY, in HOM	E, or in PUBLIC PL	ACE.
BURIAL, CREMATION, OR	REMOVAL	A	2	Mannar of Injury			
Plaite disable	(A AND	- Data M.Q	2.1954	Nature ot injury			
O. UNDERTAKER (Address)	mist	Ja-	2/	24. Was diseese or Injury In an	y way ralated to occupati	ion of deceased?	no
171	21,5	14vr	son)	(Signed) Class	b Ry	uhs	
O. FILED D	19/16/						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRTAUEV. E.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

sta UP.	1. PLACE OF DEATH
CC	County Carrell
should of OCC	Village or City Tanky town
	Length of residence in city or town where deeth occurred.
CIA	2. FULL NAME JAMU IT OLUTE
PHYSICIANS ict statement	(Usual place of abode)
. PH Exact	PERSONAL AND STATISTICAL PARTICULARS
7	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (partic the w
X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WHEE of
X X	Oct - 12
	6. DATE OF BIRTH (month, day, end year) 73, 83
stated E properly certificate	78 6 14 1 day,
be st. of cer	8. Trade, profession, or particular kind of work done, as SPINNER. Reference SAWYER, BOOKKEEPER, etc.
	kind of work done, as SPINNEL. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and spent in this securation (month and spent in this securation).
	SAW MILL, BANK, etc
	this occupation (month and spant in this occupation
so	12. BIRTHPLACE (city or town) (State or country)
lied ms, stru	
	13. NAME OLAW OLULA 14. BIRTHPLACE (city or town)
	(State or country)
efull in pl	15. MAIDEN NATURAL CONTRO
	16. BIRTHPLACE (city of town)
ld be car DEATH y import	17. INFORMANT Mr. Raymond Ohlk
should OF D	(Address) Only Dun VIII
	Place with War Language Date And 30,1
mation CAUSE TION	19. UNDERTAKER COLUMN DOWN
	(Address) January M.

20. FILEOLISSIA 30-, 1934-7

-		2.4	0 .	Ou a	2
	12	31	1	6 1	-
,	~ ~	1 .	7 (J %	per .

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03672
EATH	940
errell-	Registration Dist. No. 70
Janey tours	NoSt.,Ward
11	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msds.
John Holute	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Spanish) (Day) (Yegt)
Hettie S. Colute	1 HEREBY CERTIFY. That I attended deceased from
1, day, end year) Oct 13, 1855	I fast saw h A alive on A 7 7 1, 198 4; death is said
Months Days If LESS than 1 day,	to heve occurred on the date state above, at
or particular one, as SPINNER, Network (KEEPER, etc.	angua Pectoris ah gr
ess in which , as SILK MILL, NK, etc.	1934
t worked at (month and spant in this	
occupation	Other Contributory Causes of importance:
own) P	
wall ottle	
or town)	Name of operation Oate of
idea handre	What test confirmed diagnosis? Was there an autopsy?
gua sons rec	23. If death was due to external causes (VIOLENCE) fill in also the following:
dr town)	Accident, suicide, or homicide?
Raymond Ohle	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
OR REMOVAL JANUARY DATE PULBO, 193/6	Manner of injury
Danly Son me	24. Was disease or Injury in any way related to occupation of deceased? 200
), 1934 Effel M Mehring.	(Signed) (Address) All Carlot Viva All
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	river and the state of the stat	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA.

E, ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH	3673
County Carroll	Registration Dist. No.	ch
Village or City Ay Kesville	No. Springfield Otate Hospital St.	Ward
(If Langth of residence in city or town where death occurred 2-yrs, mos	death occurred in a horgital or institution, give its NAME instead of street and n	umber)
		sds.
2. FULL NAME Grest N. Darby	7n - 0 7	
(a) Residence: No. Montzoner, Com Md (Usual place of abode)	St., Ward. Montgomery Cv. Md If nonresident give city or town and	·
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH april	102 4
5a. If married, widowad, or divorced	(Month) (Day)	(Year)
HUSBAND OF Harriet Louisa Darby.	22. I HEREBY CERTIFY. That I attended of upril 20 1 1932 to upril 5	lecassed from
6. DATE OF BIRTH (month, day, and year) December 10 3 1861	Hest sew ham alive on april 514 1934	: death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at 6.25 P.m.	
72 3 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware as follows:	
8. Trade, profassion, or particular kind of work done, as SPINNER, Gran Murch out and	L	Prior to
kind of work done, as SPINNER, Train Murchaut and SAWYER, BOOKKEEPER, etc. 9. industry or business in which Ferticlier agent.	Teneral arterioschrosis,	march 1932
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, Gram Murchaut and SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at June 1 this occupetion (month end 1977) this occupetion.		
12. BIRTHPLACE (city or town) Seneca	Other Contributory Causes of Importance: Chronic My ocarditis and	01-
(State or country) Montgoners Co-Ma.	Chrome rephretic	mor to
	en us rappina.	march 1932
13. NAME Myton Darby 14. BIRTHPLACE (city or town) Unknown (State or country) Pennsylvania	Name of operation Novel Date of Whet test confirmed diegnosisty and laboratives that any as	Σ
15. MAIDEN NAME ann Elina Cooke		opsy?
15. MAIDEN NAME Ann Eliza Cooke 16. BIRTHPLACE (city or town) Lukum (State or country) Permis Lyania.	23. If death wes due to externel causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	, 19
17. INFORMANT Springfues State Hospital (Picords) (Address) Que kerrille Ind.	Whera did injury occur?	CE.
18. BORIAL, CREMATION, OR REMOVAL A SHEAMER TOWN MA Date Clery 7 10.3 4	Manner of injury	
V ()	Nature of injury	
19. UNDERTAKER ROLLINGER PROGRAMMENT	24. Was disease or injury in any way ralated to occupation of daceasad?	ho
20. FILED Sfur 5' 1934 CHarry Heer	(Signed) John h. Morris.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Toto EIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. PLACE OF DEATH	- 9ic	01
	County Carroll	Registration Dist. No.	
	Village or City Keys	NoSt.,	Wa
	Length of residence in city or own where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos	
2	FULL NAME amange Ellew &	en	
	(a) Residence: No.	St., Ward.	
	(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revise tha word)	21. DATE OF DEATH (Month) (Day) 193	Year)
5e.	If married, widowad, or divorced HUSBAND of Geo. W. Derw	22. I HEREBY CERTIFY. That I attended decoase of 16 134 to Offer 24 1	sed f
	DATE OF BIRTH (month, dey, and year) Seft - / 1 / 9 4 9 AGE Years Months Days If LESS than 1 day	I last saw here elive on Office. 12 4., 193 (deat to have occurred on the date states above, at 11,55 fg.m. The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows: Date	th is
ATION	8. Trede, profassion, or particular kind of work dona, es SPINNER SAWYER, BDOKKEEPER, etc.	Ba : al	9:
JPA	9. Industry or business in which work was done, es SILK MILL,	7-heart	
000	SAW MILL, BANK, atc 10. Date decaased lest worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation		
12.	BIRTHPLACE (city or town) (State or country)	Differ Contributory Causes of Importance:	10
ER	13. NAME John Routnalow	V	. /
FATH	14. BIRTHP(AGE (city or town) (Stete or country)	Nama of operation	
œ	15. MAIDEN NAME Mana Alallan	What test confirmed diagnosis?	y/
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury, I Where did injury occur?	19
17.	INFORMANT Elven de Merre pa (Address) equences pa	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Place Cley swelle among Data Of 27, 1994	Manner of injury	
19.	UNDERTAKER Taymond Al Wight (Address) Smon Bridge, Ma	24. Was disease or Injury In any way ralated to occupation of daceasad?	
		1 10 -1 11 6/ /1. 11	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREM! V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

PHYSICIANS Exact statement

EXACTLY.

stated

AGE should be

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

á	à.	173	0	Billy	Bur	
ſ	ī.	. <	6	1	1	
U	p.	\cup	1		67	

1. PLACE OF DEATH	93:20
County Garrass	Registration Dist. No.
Village or City Mr. Westminster	No. St., Ward
Length of residence in city or town where death occurred > > yrs, 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and number) (cds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Arribish	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH BOLL 26 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elica Deeth Cockard Pairlins	22. HEREBOX GERTIFY: That I attended decreased from
6. DATE OF BIRTH (month, day, and year) 7 -eb . 28- 18-57	t last saw h Lucalive on April 76 , 19 74; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2_300 m.
>> 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onest
7. Industry or business in which	Part Wards
work was done, as SILK MILL, SAW MILL, BANK, etc	culque veces = 4/2/34
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Leveral Colesio - Aclesons -
13. NAME Fredbrick Deviloss	Etr. With at Registration
13. NAME Trederick Developes 14. BIRTHPLACE (city or town)	Name of operation Language Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy? Lo
15. MAIDEN NAME Masgaret & aylor 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Mr. Ou Chaillia	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MUR: VVM: J WWWWDDQ (Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL & EM. Dail 25 341	Manner of Injury
Place Junia Date Lypus as 1937	Nature of Injury.
19. UNDERTAKER Handard (Address) (Address) (Address) (Address)	24. Was disease or Injury in any vay related to occupation of deceased?
20 FILED 4/27 19 342 4/1000 Duns	(Signed) Dellelle Hare M.D.
Registrar.	(Address) MRshumaly lud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of do of importance were as fo	ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1/AY: 4-1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. E	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1	N.S.
	Frank.

infor-OCCUPA 1. PLACE OF DEATH Jo should Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.. Length of residence in city or town where death occurred statement PHYSICIAN RECORD. (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 21. DATE OF DEATH 5a. If marriad, widowed, or divorcad HUSBAND of I attended decaased from (or) WIFE of certificate. properly 7. AGE Davs If LESS than Months 1 day, _____hrs. or min. Date of onset & Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc. 9. ladustry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town supplied. plain terms, FATHER 14. BIRTHPLACE (city or town Name of operation. (State or country) be carefully What test confirmed diagnosis?_ MOTHER important. 15. MAIDEN NAME OF DEATH in 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? ... 16. BIRTHPLACE (city or town (State or country Where did Injury occur? (Specify city or town, county and State) pluods Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Manner of injury CAUSE mation LION Nature of injury 19. UNDERTAR (Address If so, specify (Signed) Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Greet, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE STATE OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 03677
1. PLACE OF DEATH	(CE)
County le arroll WITHIN CORPORATE LINE	Parietration Diet No. 76
Village or City Mestmins to	Registration Dist. No. 15
	MoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John Edwin Eckenro	de
	C4 Ward
(a) Residence: No. 10 Luberty (Vsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Maried (maried)	H = 7 ,193 4
Sa If married widowed or divorced	(Month) / (Day) (Yaar)
HUSBAND of unice & Stoner Ecken rocks (or) WIFE of	22.1 1 HEREBY CERTIFY, That I attended deceased from
	Jan 100 ,1934, to Afreich 9 , 1934
6. DATE OF BIRTH (month, day, and year) Jan. 28 1848	I last saw h a live on Thub D., 193 M; death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 100 m.
86 2 // lady,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or perticular	Ungleme Heat Date of onest
kind of work dona, as SPINNER, Camuge Build	Quide
9. Industry or business in which work wes done, as SILK MILL, and Painter SAW MILL, BANK, atc	
kind of work dona, as SPINNER, Camuse Builds SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, and Painter SAW MILL, BANK, atc 10. Date deceased last worked et 11. Totel time (yeers)	
10. Date deceased last worked et this occupation (month end year)	
O O O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Bonneauxille, Pa	
(Stete or country)	
13. NAME Joseph & ckenrode	
	Name of operation Data of
(State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME KLOGCCA Wise	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?Date of Injury19
(State or country)	Where did Injury occur?
17. INFORMANT Mr. Junna K. Eckenrode	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) 70 Liberty St., Westminster (md	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa It Johns Otm Welminel Date April 12, 1934	Nature of injury
19. UNDERTAKER ABambered ASM	24. Was diseese or Injury in any way related to occupation of deceased?
(Address) Westminet Ond.	M so/spacify 4 A
20 EUED 4-11 10 5 10 21 Clean Dan 1	(Signed) & huy Shury A M. D.
20. FILED Registray.	(Address) (Questioned 144)
If more blanks are needed address State Projection	N Challes Street Belginson Paragraph (2) S N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year
		. 10	

1. PLACE OF DEATH	(No.E) U3070
County Carroll	Registration Dist. No.
Village or City new Bird Kill	Np. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. iI ol loreign birth?yrsmosds.
2. FULL NAME Infant Ford	
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	193
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	on dperil 1304 16024 , 19
6. DATE OF BIRTH (month, day, and year) Chr. 15 1434	I last saw has alive on of 19.34; death is said
7. AGE Years Months Days If LESS than	
1 day, 4 h	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cremature Birth
SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation year)	
7. 2. 16.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) West factor / Till (State or country)	(Ting labor)
- 1	<u> </u>
14. BIRTHPLACE (city or town) and.	
14. BIRTHPLACE (city or town).	Name ol operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? Lo
15. MAIDEN NAME Viegra Hoff	23. If death was due to external cluses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Vigia Hold	Accidant, suicide, or homicide?
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Currell Ford (Address) West 1	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner ol Injury
Place Vior ralling Date 16 , 193	× Natura of Injury
19 UNDERTAKER Canall for	24. Was disease or Injury in any way related to occupation of daceased?
(Address) Bolinita RD	If so, specify
100 H/16 . 374 Ills word and	(Signed) C. I. Bullingeler M. D.
20. FILED 195 Programme Registrar.	(Address) Westerlinety, Jude

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
		1 200 5 1000 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis 1 7 7 1 7	1 year
		Annual Contract of Management	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
---------------------------------	-----------	----	-----------

County Carroll	Registration Dist. No.
Village or City Les Rescelle	Not skeing field thate shopely
Length of residence in city or town where death occurred 2 yrs 6 m	(If death occurred in a hospital or infilintion, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
11 12.	os y
2. FULL NAME Mary Trusk	Will Day
(a) Residence: No. (Usual place of abode)	If worresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rughe tha word) School Scho	21. DATE OF DEATH April (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That I attanded deceased in the state of
6. DATE OF BIRTH (month, day, and year) Clubellan 1 /852	I last saw h & aliva on april 6 , 19 3 4 death is
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 12.02 Pm.
I day,hr	ware as follows:
8. Trade, profassion, or particular	Dete of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	1
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tudscardeles 19
U 10. Date decaased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Washungton Co	Other Contributory Causes of Importance:
(State or country) Marykand.	
14. BIRTHPLACE (city or town) flukewarm	
14. BIRTHPLACE (city or town) flukuaum	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calherine Mycra 16. BIRTHPLACE (city or town). Machinden Ce	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Washington Cl. (State or country) Man	Accidant, suicide, or homicide?
VI. 1: Fel Reight	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT. And Bellet Med	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa St. Paul's Church Date Gorl 8 , 1934	Nature of Injury
19. UNDERTAKER Scott 7 Minnich + Son	24. Was disaase or Injury In any way related to occupation of deceased?
(Address) Ho geratown md	If so, specify Agg
20. FILED Stee 6, 1934 Starry Steer	(Signad) Marid
Registrar,	(Addrass) Syphieuella Mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	41	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03680
1. PLACE OF DEATH	(W.d.)
County 6 arroll	Registration Dist. No. 7(3
Village or City Syscesvice hu alla	No. St., Ware
	If death occurred in a horpital or institution, give its NAME instead of street and number) is. 2 ds. How long in U.S. if of foreign birth?
2. FULL NAME CLARAGE FORDO STO	مبيك
	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Obril 254 1934	I last sawn win alive on Opene 20th 1934; death is sal
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3.3.0.9 m.
. 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	General Homodiges:
skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this recurrentian (month and	not due to impany out bith Due to
10. Date deceased last worked at this occupetion (month end year) 11. Total time (years) spant in this occupation	suftened seems Duration: from hith.
12. BIRTHPLACE (city or town) Supremuci hul RAF) (State or country)	Other Contributory Causes of Importance:
13. NAME Willand. D- Hoursems	
13. NAME Willaw. W — Howferns 14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAMERUMA Puth Wilson	What test confirmed diagnosis? Was there an au'opsy? 502 23. If death was due to external causes (ViOLENCE) fill in also the following:
15. MAIDEN NAME THAT BY LOWN 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Willed. W. Hawkins (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Messigle emelly Date afer 2919 3	Nature of injury
19. UNDERTAKER Here I Son die. (Address) Syscerolle Mil.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 28, 1934 desa M. Howelt.	(Signed) W HOUR MAN MAN (Address) My Carry Man
	, 2411 N. Charles Street, Baltimore, Requesting U. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N BIIRE AU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

V. S. No. 1		RGIN	RESERVE	ED F	OK	MARGIN RESERVED FOR BINDING	
N. B.—WRI	N. B.—WRITE PLAINLY, WITH "CNFADING INK-THIS IS A PERMANENT RECO	UNFADI	NG INK-T	HIS IS	AF	ERMANENT	REC
mation	should be carefully	supplied.	AGE should	be st	ated	EXACTLY	
CAUS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	1 terms, so	that it may	be pr	operl	y classified.	Exact
//				3-	4:600	40	

RD. Every item of infor-IYSICIANS should state statement of OCCUPA-

1.	PLACE O			Maryl	and Tuber Color	
		errol	-		3	/ -
				liaryla	_ (II	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of res	idence in city	or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2.	FULL NA	ME Ar	nita H	enson		
	(a) Resider	nce: No.51	2 Na C	arev St	. Balto	Std. Ward. If nonresident give city or town and State
				ICAL PART		MEDICAL CERTIFICATE OF DEATH
S. SE		4. COLOR		5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 19, 1934 , 193 (Month) (Day) (Year)
ia. If	married, widow			1 21127		(**************************************
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended decesed fr War 14 193419 to April 19 1974
				7 //	1917	I lest saw h er elive on April 19, 1934, 19 ; death is s
6. DA	TE OF BIRTH	(month, day, e	Months	Days	If LESS than	to heve occurred on the date stated above, at 10.45 m M.
		072	0	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z C	8. Frade, profi	ession, or parti work done, as R, BDDKKEEPE	SPINNER,	Domesi		Pulmonary Tuberculosis Date of one
OCCUPATION	9. Industry or		hich	Unknov		Oct.
220	ID. Date decea		d at	11. Total	time (yeers) ent in this jnknov	n
12. B	IRTHPLACE (C		Ral'	timore		Other Contributory Causes of importence:
<u>س</u>	13. NAME	,/		liam He	ารกท	
E	14. BIRTHPLAC	E (city or town	n) Bal	timore		Name of operation Date of Was there an au'opsy?
2	15. MAIDEN N			sie Spr	orons .	23. if death was due to external causes (VIOLENCE) fill in also the following:
표 -	16. BIRTHPLAC		n) Bal	timore		Accident, suicide, or homicide?
17. 1	NFDRMANT	John	H. 01	Neill,	V. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. B	URIAL, CREMA			Dete	23,,3	Manner of injury
19. U	INDERTAKED (Add ess)	Jan	ne	oas	tactes	24. Was disease or injury in any way related to occupation of deceased? 200
	ILED. 4/1	9/34, 19	(Jol.	100	21211	(Signed) Thu D'Messel. N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Op other	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

OCCUPA-

jo

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

MOTHER | FATHER |

19. UNOERTAKER

(Address)

ä

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 0368	82
County Carroll		- (31)	
	• • • • • • • • • • • • • • • • • • • •	Registration Dist. No. 74	
Village or City Dykesville		No. Springfield stale Hospital St., Wa	ard
Length of residence in city or town where deat	h necurred 7 wre 5 may	f death occurred in a horpital or institution, give its NAME instead of street and number) s. 8. ds. How long in U.S. If of foreign birth?yrs	4.
11	1/1/	mos tong in 0.5.11 of foreign birth?yrsmosmos	.as.
		n of A	
(a) Residence: No. Lallus		St., Ward. Ballemore Md	
PERSONAL AND STATISTICS		If nonresident give city or town and State	
The second secon		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
" or a second of the second of	OR DIYORCED (write the word)		
	Single	(Month) (Oay) (Yaar)	
HUSBAND of	V	22. I HEREBY CERTIFY. That I attended deceesed fr	_
(or) wife of		morember 182 1926 to april 254 1934	om
& DATE OF DIDTH (month down and man) Manhange	un linker 1801	Hast saw h 113 alive on a furel 25 1934; death is s	
		to heve occurred on the dete stated above, at 10.357 m.	ald
	d I day has	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
	i ormin.	were es follows:	eet
kind of work done, es SPINNER,	niter	Cardiovascular Rinal Disease Presi	7_
2. FULL NAME Alenry T. Hoffman (a) Residence: No. Cusual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIFD, WIDOWE OR DIYORCED (write the wold of the work of the w	1	Cardiovascular Mind Disease Prin	4
work was done, as SILK MILL, (Your SAW MILL, BANK, etc.	ie)	artic Regurgetation and Jan! Chronic riphritie	234
10. Date deceased last worked at hub	11. Total time (years)		
- I I this occupation (month end	spent in this when occupation		
12 DIDTUDI ACE (city or town) Balling	m.	Other Coutributory Causes of Importance:	
	d		
13. NAME Unknown			
I landon	n. h.	host	
(Stata or country)		What test confirmed diagnosis? Was there an au'opsy?	
I		23. If death wes due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town) huphur (State or country)		Accident, suicide, or homicide? Date of Injury	
(State of county)	// www	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Phringhela State of (Address) Sukesvill		Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	11	Manner of injury	
Place Tellinge Mai	Date afec. 28, 1934	Nature of injury	
19 UNDERTAKER John O. Mites	lell Hono	24. Was diseese or injury in any way related to occupation of deceased? The	

Registrar.

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carcfully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carcfully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEMES	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Mp1 4 1934	July 5, 1927	Peritonitis	3 days ago
	BURDALI V.S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

	em of infor-
	Every it
•	RECORD.
BINDING	PERMANENT
OR	VS
SERVED F	INK-THIS I
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
ì	, WI
•	PLAINLY
3. No. 1	B.—WRITE
N	ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03683
County Carrolly	Registration Dist. No. 75
Village or City Manchester Wisbuct	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sessivesters (). Horse	che
(a) Residence: No. / Manchester P. W.	2-St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX7 4. COLOR OR BÁCE / 5. SINGLE_MARRIED, WIDOWED,	21. DATE OF DEATH
Hale White OR DIVORCED (verice the word)	(Month) (Day) (Year)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of Smelia Farrett	22. I HEREBY CERTIFY, That I attended deceased from 1 - 15 ,1934, to 4 - 3 ,1934
6. DATE OF BIRTH (month, day, end year) Harely 5, 1851	1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
83 / O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R. Trade, profession, or particular kind of work done, es SPINNER,	2
SAWYER, BOOKKEEPER, etc	Dorcoma of ageball
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent last bits occupation (month and spent last bits).	4 Surroute ang a month
- 1 Spent III this	about 240
year) Accupating Marie Land	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Jacob Horiela	
14. BIRTHPLACE (city or town) Mary land	Neme of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFORMANT Phrs Amelia Horech (Address) Planchester O. D# 2	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. Davilla Sherry Date Upril 9, 1934	Nature of injury
19. UNDERTAKER M. G. Flerau Pa. (Address) Handre Pa.	24. Was disease or Injury in any way related to occupetion of deceased?
20. FILED apr. 6th, 1934 MM. 80. Q. L. Denner Registrar.	(Signed) Johns Bregler M. D. (Address) Haward To
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

20. FILED afre 10, 1934 Offary)

CAUSE OF DEATH in plain terms, so that it may be

1	Village or Ci	F DEATH Carroll ty Sykesvil	le, Md.	(II	No.Springfield death occurred in a horpital or instituti 8 ds. How long In U.S. if of	Registration Dis	st. No. Ward
2		ME Gertrude					Property was
	(a) Residence	e: No. Locust G	rove, Ci	umberlan	d, sMd. Ward.	If nonresident give	e city or town and State
plinicipy		AL AND STATISTIC				RTIFICATE O	
1	SEX Female If married, widowe	White	s. single, Marri or divorced Sepai	(write the word)	21. DATE OF DEATH	ril (Month)	9, 193 <u>4</u> (Yeer)
	HUSBAND of (or) WIFE of	Isaac Johnsomonth, day, and year) Jui		1890	March 1,	19 34, to Apr April 9,	
	AGE Year	s Months	Days	If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:		of importance Date of onset
OCCUPATION	Mork was SAW MILL 10. Date decease this occup	done, as SILK MILL, Cela	anese mi	111	Pellagra		
12.		y or town) try) Allegany (Other Contributory Causes of impor Exhaustion	tance:	3-8-34
		raham L. Pr					
FATHER	14. BIRTHPLACE		and		Name of operation	nys.Symp.	Date of
MOTHER	16. BIRTHPLACE (State or	(city or town) Mary		S Hosp	23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred in	es (VIOLENCE) fill in Dat	n also the following: le of Injury, 19
	(Address) BURIAL, CREMATI	Sykesvi.	lle, Md.	12,1934	Manner of Injury	, in nome	,
19.	UNDERTAKER (Address)	Levis J	Sterno	KKOL	24. Was diseese or injury in any we	y related to occupatio	on of deceased?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Secretary Co.	

MARGIN RESERVED FOR BI	N. BWRITE PLAINLY, WITH WIFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E.	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
F0	SIS	stat	pro	certi
ED	THE	d be	y be	k of
ER	YK L	shoul	it ma	n bac
RES	NG II	AGE	that	o suo
GIN	ADI	ed.	18, S0	tructi
KAR	N. A.	lqqus	tern	e ins
4	/ITH	ully	plair	t. Se
	Y, V	caref	H in	ortan
	INI	- pe	EAT	imp
	PL	houle	OF I	very
	RITE	ion s	SE	N is
0.1	- M	mat	CAI	TIO
V. S. No. 1	N. B.	1	2	1
-	F-4		-	B

V. S. No. 1

1. PLACE (JF MAR	YLAND—	CERTIFICATE OF DEATH	13685
County	Carroll			Pagistration Disk No.	74
Village or	City Sykesvill		(16	Registration Dist. No. ie Ad State Hospital St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs.	Ward d number)
				How long in U.S. if of foreign birth?yrs	mosds
	ME George E			0 1 363	
(a) Reside	ence: No. OOUL Ma	(Uousiplace		Spring , walld . If nonresident give city or town as	18
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Id State
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (qurite the word)	21. DATE OF DEATH April 12	, 193 4
5a. If married, wido	owed, or divorcad			(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Daisy E. F	reebam		22. I HEREBY CERTIFY, That I attende	d deceased from
	(month, day, and year) Se			_	, 19_04 ; death is sai
	ears Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at	
50	6	30	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Dete of onset
9. Industry or work w SAW M	as done, as SILK MILLODE ILL, BANK, etc	med and rated p	ma (years)	General paralysis of the insane	Unk
12. BIRTHPLACE (c) (State or con	city or town) Virgi	001	ntin this 35	Other Contributory Causes of importanca:	
13. NAME	George S. K	rouse			
H 14. BIRTHPLAC	E (city or town) Mary	land		Name of operation	au'opsy?
15. MAIDEN N	AME Virginia	E. Holl	ingsworth		
	E (city or town) Mar	yland		Accident, suicide, or homicide? Data of Injury Whera did injury occur?	
	Hospital re	cords, ykesvil	Le, Md.	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P.	ite) LACE,
18. BURIAL, CREMA	FEXILE Md	Date Of se	15,1934	Manner of injury	
19. UNDERTAKER(Address)	Warner	E Pays	maline,	24. Was disease or injury in any way related to occupation of deceased? If so, specify	No
20, FILED	1. 121934 B	Harry	Yraav Registrar.	(Signed) John L. Welhered (Address) S. S. Hook, Sy Keaville,	Md
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	PLACE OF DEATH			CERTIFICATE OF DEATH	3686
	County Carroll			Registration Dist. No. 80	
	Village or City Muslumber	~		NoSt., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
	Length of residence in city or town where death or	ccurred		deals occurred in a norpital of institution, give its INALVIE, instead of street and its deals of the street and i	
2.	. FULL NAME Forthe	s Lo	mulech		
	(a) Residence: No. Kewill with	Usual place of		St., Ward. If nonresident give city or town and	Sint.
	PERSONAL AND STATISTICAL			MEDICAL CERTIFICATE OF DEATH	State
	idelermund W OF		IED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. 1	If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
6. D	DATE OF BIRTH (month, day, and year) Cofer /	8-19	34	I last saw h alive on, 19,	
7. A	GE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at _{_2_2_3_0_m}. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date ol onse
NOLL	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Still birth	Date of onse
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
8	IO. Date deceased last worked at this occupation (month and year)	II. Total tin spent occup	ne (years) t in this pation		-
12.	BIRTHPLACE (city or town) Yearl und (State or country)	÷≈~		Other Contributory Causes of importance:	-
ER	13. NAME Narry D. Low	der			
FATHER	14. BIRTHPLACE (city or town) Mes Wine	٠٠٠		Name of operation Date of	30
	(State or country)	/ •		What test confirmed diagnosis? Was there an	
MOTHER	16. BIRTHPLACE (city or town) Those up	The same		23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury	
,	(State or country) INFORMANT (Address) Very S. L Very S. L	ancher	<i>Y</i>	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE,
18.	BURIAL, CREMATION, OR REMOVAL	le aftel	18 ,1939	Manner of injury	
19.	UNDERTAKER Hay & Lawh (Addiess) Vin France	1:		24. Was disease or injury in any way related to occupation of deceased?	·n)
20.	FILE Off 18 38 Crew		Lul- Registrar.	(Signed) (Address) Klewwww My	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

should state of OCCUPA-

item of infor-

V. S. No. 1

ż

19. UNDERTAKER

20. FILED.

(Address)

STATE OF MARYLAN	ND-CERTIFICATE	OF DEATH	();
1. PLACE OF DEATH	948	-	/
County Consroll		Registration Dist. No.	6
Village or City Westminster	No. (If death occurred in a hospital or institut	St.,	
Langth of rasidenca in city or town whara daath occurred		ion, give its NAME instead of street as foreign birth?yrs	
2. FULL NAME Cola Reference Mana		roreign pirtn?yrs	_mos.

County Carson		Registration Dist. No. / O	
Village or City Westm.	inster	NoSt.,	Ward
	(If	f death occurred in a hospital or institution, give its NAME instead of street and is seed	number)
2. FULL NAME Lida	wherea Mano han	V	
(a) Residence: No. 15-3	W. main (Usual place of abode)	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Final White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193 4 (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Charles	anahan	22. I HEREBY CERTIFY, That i attended 1934, to 1142 20 1934	decaased from
6. DATE OF BIRTH (month, day, and year) 7/17 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at M. 12.7.m.	.; death is said
64 11	2 1 day,hrs.		Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spentin this occupation	Coronary Throm Loves on Caronary des cardonic frequent allocks of Love & Cardonic disters when there years	1931
12. BIRTHPLACE (city or town) (State or country)		One contract Case of importance.	-
13. NAME A CHIS ON 9	icodemus.	Name of operation Date of What tast confirmed diagnosis? Was there an a	autonev?
15. MAIDEN NAME 111 ailha	Elizabeth Kornty	23. If death was due to axternal causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (Stata or country)	(. (.	Accidant, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and Stai	a)
(Address) 15 E W. Main St.	Westminster Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place W. Estimulater Conner		Manner of injury	

24. Was disease or injury in any way related to occupation of decaasad?. If so pecify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago	
Other contributory causes of importances		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
18	4			

County Catholic Registration Dist, No. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred Tyrs. The state of the street and number of the s	
Village of City W 131MW13111 No. St., V	
Length of residence in city or town where death occurred	/ard
	_ds.
2. FULL NAME Leaving Belle Mancha	
(a) Residence: No. 2 hurth St., Ward. (Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of A 1. COLOR OR RACE OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND of (or) WIFE of 1. DATE OF DEATH (Ponth) (Day) (Year	
Howard april, 4 " 1934 to oper 11 " 193	4
6. DATE OF BIRTH (month, day, and year) 00 26 - 1883 Plast saw h.e. alive on	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	34
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Alexander Name of operation Date of (State or country) What test confirmed diagnosis? Clause Was there an autonsy?	
15. MAIDEN NAME Jydia a miller 16. BIRTHPLACE (city or town) Al-Calminate Accidant, suicide, or nomicide? Data of Injury 19. (State or country) What Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 11. Falminate Market	
18. BURIAL, CREMATION, OR REMOVAL Place State State Date Chris 14 , 1934 Nature of injury Nature of injury	
19. UNDERTAKER ABankard To 24. Was disease or injury in any way related to occupation of deceased? If so specify.	
20. FILED 7 193 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	И. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I ED	la l	Example II		
The principal cause of death and related causes f importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Fallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

B.—WRITE PLAINLY, WITH

ż

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH WITHIN CORPORATE COUNTY LARROLL CORPORATE CORPOR	CERTIFICATE OF DEATH
TO GENERAL CORM	(46)
	Registration Dist. No.
Village or City Meshmenster	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME adam Jackson Martin	
(a) Residence: No. 28 Bhurch	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced	(mynth) (bay) (tear)
HUSBAND OF CORN WIFE OF MR STAND MARLIN	22. A I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) 7-2 f. 28 1872	I last saw h am alive on Gpn 12 , 1934; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et 4/45 m.
62 1 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
29 Trade profession or particular	Central homorrhy Detectionest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end this occu	Caranona stonach
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (yeers)	
10. Date deceased last worked et this occupetion (month end 32 spent in this occupetion content in this occupetion.	
) doubleton	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	aut delatin ghat
E	2
14. BIRTHPLACE (city or town) 1. (State or country)	Name of operation Dete of
	Whet test confirmed diegnosis? Wes there an au'opsy?
15. MAIDEN NAME Belinda Yingling 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
() () () () () () () () () () () () () (Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ME STEMS, Marsin	Specify whether Injury occurred by INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 28 Church St. Westmiriste Md. 18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Place It John Leisters 6tm Dete Whil 13 1934	
MRanha Nden	Neture of injury
19. UNDERTAKER OF SAME CALL TO COMMENTED AND ASSESSED AS A SAME CALL TO A SAME CA	24. Was disease or injury in any wey releted to occupation of deceased?
4/17 10	(Signed) W. C. Samuelle M. D.
20. FILED Registrar.	(Address) Asstrumble had
and the second s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	CERTIFICATE OF DEATH	3690
1. PLACE OF DEATH	<u>(3)</u>	1,1
County Carryl	Registration Dist. No.	7
Village or City Sylkosuelle	Not pring feeld plate 8 for	2 Michigan
Langth of residence in city or town where death occurred 14-yrs. 3 mos	death occurred in a horpital or indication, give its NAME instead of street and indicated death of the control	
2. FULL NAME Theres Massing		· April 100
(a) Residence: No. 6 2 3 Euliuan (Usual place of abode)	Asse Ward. Salumoth Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	51516
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lacate Lacate Lacate Lacate Lacate Lacate Second Property Color of the color of the lacate Lacate Lacate Lacate Lacate Lacate Lacate Lacate Second Property Color of the lacate Lacate Lac	21. DATE OF DEATH april 64	, 193 4
HUSBAND of Edward Maridall (or) WIFE of	(Month) (Day) A I HEREBY CERTIFY That I attended	(Yeer) deceased from
6. DATE OF BIRTH (month, day, and year) OEE . 4, 1854	I last saw her aliva on April 6 19 3 5	death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	, death is seid
79 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade protection or posticular	1	Date of onset
kind ot work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Chrocies Reporcles	12-1-34
work was done, as SILK MILL, SAW MILL, BANK, etc.		
SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased lest worked at this occupetion (month end yaar) 11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Ballieum (State or country) Management	Other Contributory Causes of Importence:	
13. NAME/Lukum Mealluspern 14. BIRTHPLACE (city or town) Ballusur	Thurst Ulusochus	12-1-20
14. BIRTHPLACE (city or town) Pallecuse	Neme ot operation Date ot	
(Stata or country) Mulliand	What tast confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath wes due to external causes (VIOLENCE) fill in also the tollowing	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date ot injury Where did injury occur?	, 19
17. INFORMANT Haspital Recards (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	iCE,
18. BUNIAL, CREMATION, OR REMOVAL	Manner of injury	
Batelinou Ml Dete Ufus. 9,1934	Neture of Injury	
19. UNDERTAKER 450. Leinbach (Address) Ballimore Md.	24. Was disease or injury in any way related to occupation of daceasad?	
20. FILED Afre . 8, 1934 CHarry Herry Registrar.	(Signad) Naced M. Rew (Address) See Revalle 1	M. D.
70	2411 N. Charles Street, Baltimore Respecting 7) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	ipal cause of death and related causes Date of onset The principal cause of death and relate of importance were as follows:		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNNEAU V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

	. Every
Ì	RECORD.
N RESERVED FOR BINDING	INK-THIS IS A PERMANENT RECORD.
OK	SA
EKVED 1	IK-THIS I
N KES	NI DNIC

item of

1. PLACE OF DEATH Registration Dist. No. 75 pluods County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. if of foreign birth?_______mos._____ds. Length of residence in city or town where death occurred. statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH ORDIVORCED (write the word) (Day) 5a. If merried, widowed, or divorced HUSBAND of RTIFY, Thet I attended deceesed from (or) WIFE of 5 26: 6. DATE OF BIRTH (month, day, and year) certificate. properly to have occurred on the date stated above, et 3 7. AGE Months Davs If LESS than 1 day.____hrs The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. may back 9. Industry or business in which pluods work wes done, as SILK MILL, SAW MILL, BANK, etc..... no 10. Date deceased lest worked et 11. Total time (years) this occupation (nighth and spent In this that occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) HER FAT 14. BIRTHPLACE (city or town) plain (State or country carefully Whet test confirmed diagnosis? MOTHER portant. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of Injury_______19. 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_____ be DEX (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. pluode OF 18. BURIAL, CREMATION, OR Manner of Injury Nature of Injury TION 24. Was diseese or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE	FUK	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF	MARYL	AND-CERTIFICATE	OF DEATH
----------	-------	-----------------	----------

/ 1	03	10	0	17
U	0	0	9	1

	1. PLACE OF DEATH		94E)	00000	
	County Carroll		Registration Dist. No	74.	
	Village or City Sykesville, Md.		No. Springfield State Hospita	1 Ward	
/	Length of rasidanca In city or town where daath occurred 5 yrs 7 mos.		f death occurred in a hospital or institution, give its NAME instead of street an	d number) mosds.	
	2. FULL NAME HENRY MO	ORMANN			
/	(a) Residence: No. 729 And:	rews Street (Usualplace of abode)	St., Ward. Baltimore, Md. If nonresident give city or town a	nd State	
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	Male White	s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 26 (Month) (Day)	, 193(Year)	
	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Unknown		22. I HEREBY CERTIFY. That I attended Jan. 1, 1934, to April 26	ed daceased from	
ě	6. DATE OF BIRTH (month, day, and year)	tober 22, 1870	I last saw him aliva on April 26, 19 34 death is said		
certificate.	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7:30 pm.		
rtif	63 6	4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset	
of	8. Trade, profassion, or particular kind of work done, as SPINNER, Plano Player SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this operation (month and this propagation (month and this propagation).		1. Coronary Thrombosis 2. Generalized Arteriosclerosis 3. Epilepsy		
on back	work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year)	Theatres 11. Total tima (years) spent in this occupation	or Eptlepsy		
instructions on	12. BIRTHPLACE (city or town) Unknown (State or country)	1 :	Other Contributory Couses of Importance: Carbon monoxide poisoning (Attempted suicide)	1921	
ıstr	E 13. NAME Henry Mormann	1	Caro composed Sale Lacy	1001	
See in	14. BIRTHPLACE (city or town) - German	ıy	Name of operation. None Date of		
نہ			What test confirmed diagnosis?		
important	15. MAIDEN NAME Johanna Ti				
very imp	17. INFORMANT Hospital Recor	ds, S.S. Hosp.,			
-50	18. BURIAL, CREWATION, OR DEMOVAL JUNISPINAL HASPL, Cere	Date Ofu. 28, 1934			
TION	19. UNDERTAKER West + S. (Address) Sykesne	the mid	24. Was disaasa or injury In any way ralated to occupation of deceased? If so, specify		
)	20. FILED Spun7, 1934 S	Hacry Merror. Registrar.	(Signed) John L. Welhers Ch.	M.D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago. H#1137 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

....c requirter, 2411 N. Charles Street,

should state of OCCUPA.

SIAIE	F MAKILAND	CERTIFICATE OF DEATH	3633
1. PLACE OF DEATH County Carroll		Registration Dist. No. 76	
Village or City Mr. Mestruis	reter	No. St.,	Ward
Length of residence in city or town where d	leath occurred 21 yrs mos	sds. How long In U.S. If of foreign birth?yrsmo	osds.
2. FULL NAME Trongs (a) Residence: No.	Clay Lon Mann (Usual place of abode)	star. Ward.	
PERSONAL AND STATISTI		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oficial 1 9 4 (Youth) (Day)	, 193. 4 (Year)
5a. If married, widowed, or divorced HUSBAND of Mrs. Susan Bo.	hn morning star	22. I HEREBY CERTIFY. That I attended of	doceased from
6. DATE OF BIRTH (month, dey, end year) wm	1 27 1869	I lest saw hair alive on agu. 24, 1934	; deeth is seid
7. AGE Years Months 6 4 9	Deys If LESS than 1 day,hrs.	to have occurred on the dete steted above, et. 11	10
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uctumeer	chime myocarditis	syn.
SAW MILL, BANK, etc 10: Dete deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) 72 d.		Other Contributery Causes of Importance: Cause Villutation	1/2 her
13. NAME Henry Clay 14. BIRTHPLACE (city or town)	morning star	The same	****
14. BIRTHPLACE (city or town) (State or country)	<i>f</i> .	Name of operation Date of Whet test confirmed diagnosis? Classical Was there an ex-	utanaus Dans
15. MAIDEN NAME Suscard 16. BIRTHPLACE (city or town)	Fortz	23. If death wes due to external causes (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or town) (Stete or country)	<i>(</i>	Accident, sulcide, or homicid? Dete of Injury Where did injury occur?	, 19
17. INFORMANT MA: ARAM B. (Address) W. C. Townson	morning 1a	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL PIECE MEASON CONTROL &	Date Whil 12, 1934	Menner of Injury	
19. UNDERTAKER HBankurd + (Address) Yes enums	in md. 0	24. Wes disease or injury in any way related to occupation of deceased?	no
20, FILED 4// , 197 197	(Word Phines	(Signed) CI Bellingsles	M. D.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II The principal cause of death and related causes of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis ECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bupcatt V. S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

item of infor-

of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
ATL		Per		

U	3	6	9	4
			-	~

1. PLACE OF DEATH	(F9)	00034
County Carroll	Registration Dist. No.	74
Village or City Lykesvelle	No. Apringfield state Hospital St.,	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and	d number)
0	mos. 17ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Thomas Mullin	1/ 0	
(a) Residence: No. Howard Co. Md.	St., Ward. Howard County. M	
. (Usual place of abode)	If nonresident give city or town an	id State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work of Divorced)	d) While 15?	103 4
5e. If merried, widowed, or divorced	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY, That I attende	d deceased from
	march 134 ,1928, to april 153	, 19.3.4
6. DATE OF BIRTH (month, dey, end year) November Unknown - 18	1 last saw ham elive on april 143 1933	€_; deeth is seld
7. AGE Years Months Days If LESS th		
62 5 tupnown or min.	I HE I KINCITAL CAUSE OF DEATH ONG TOIGIGG CAUSES OF REPORTANCE	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farm Cafarer	Att 1	
kind of work done, as SPINNER, Farm laborer SAWYER, BDDKKEEPER, etc. 1. Industry or business in which work was done as SILK MILL	Urteriosclerosis with high	1928
SAW MILL BANK etc.	arterial tumin.	
10. Dete deceased lest worked at Threats 11. Total time (years) 36	rus.	1933
year)		
12. BIRTHPLACE (city or town) hukuwan	Other Contributory Canaes of importence:	april 15th
(State or country) Howard Co. Ma	Cerebral Upoplesy -	1934
13. NAME Thomas Mullin	(Sudden Death)	
14. BIRTHPLACE (city or town) hubsman	Name of operation None Date of	
(State or country) Ireland.	What test confirmed diegnosis? was there are	eu'opsy? ho
15. MAIDEN NAME Bridger Hughes	23. If death was due to external causes (VIOL ENCE) fill in elso the following	ng:
16. BIRTHPLACE (city or town) Un known	Accident, suicide, or homicide? Dete of Injury	, 19
(State or country) Infland	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Phrospeld Mats Hopital (Records) (Address) Syptemble, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL CRUSE.	Manner of injury	
made green attorno. Date afer. 1, 194	Nature of injury	
19. UNDERTAKER Heer Sore due.	24. Wes disease or injury in any way related to occupation of deceased?	no
(Address) Symprocelle Md.	If so, specify	,
20 FILED Stev. 15 19 34 OStarry Mer	(Signed) John M. Morris	M. D.
Revietra	17. (Address) O. J. N. Dupesville Med.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUNEAU V. g				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

)	N. BWRITE PLAINLY, WITH JNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
>	RECOR	Y. PHY	Exact s	
INDING	RMANENT	XACTL	classified.	
FOR B	IS A PE	stated E	properly	
RGIN RESERVED FOR BINDING	ING INK-THIS	AGE should be	o that it may be	
RGIN	SNFAD	supplied.	terms, s	
	, WITH	refully	I in plain	
No. 1	S.—WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	
V. S. No. 1	N. E		/-	-

	-CERTIFICATE OF DEATH 03695	
	Registration Dist. No. 74	
Village or City Length of residence in city or town where death occurring and the company of the		
Length of residence in city or town where death occurredyrs,mo	s. 2.3 ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Newton, Edith		
	Diandol Ward Md -	
	If nonresident give city or town and State	
OR DIVORCED (write the word)	april 1) 193 4	
HUSBAND of		
(or) WIFE of		
6. DATE OF BIRTH (month, day, and veer) June 16, 1912		
7. AGE Years Months Days If LESS than	to have occurred on the date steted abova, at 3:50 f.m.	
	ware as follows:	
8. Treda, profession, or particular	- Dete of onset	
SAWYER, BOOKKEEPER, etc.	upper loves. Tuberculoses	
work was done, as SILK MILL,	2. do Var preumonia both	
- Spent in 11112	nppu loves o vybomiske.	
B 00 0	Othar Coatributory Causes of Importence:	
	-	
E 13. NAME CLAROLO CONTRA		
14 BIRTHPLACE (city or town)	Neme of oparation	
(State of Country)	Q. + 1	
15. MAIDEN NAME Saura Morton	23. If daath wes dua to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) Ludhous	Accident, suicide, or homicide?Date of injury19	
State or country)		
	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL CREMATION, OR REMOVAL	Manner of injury	
Surface full North, tur. Dete afec. 14, 1934	Nature of Injury	
19. UNDERTAKER / see voon Suc.	24. Was disease or injury in eny wey related to occupetion of deceased?	
	If so, spacify	
20. FILED Mr. 13, 1934 Charry Heer Registrar.	(Signed) M. Jurginia Seyer Maryland M. D.	
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-W-	STATE OF MARYLAND—C	CERTIFICATE OF DEATH 03696
5	1. PLACE OF DEATH	(95-8)
$\frac{5}{2}$	County Canad	
J. /	Village or City Westminsler	ND. St., Ward
0 1		ds. How long in U. S. if of foreign birth?yrsmos ds.
nen		Wall
iten	100 6 201	Ct Ward
	(a) Residence: ND. (Usual place of Abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH 21, 1934
	Tenale White Single	(Month) (Day) (Yaar)
-	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
College	(or) WIFE of	Jan 1 ,1934, 10 / fee 2-1 ,1938
Village or City	I last saw h as alive on pro 2.0 1934; death is sale	
		were as follows:
1	8. Trada, profession, or particular kind of work done, as SPINNER,	1000
-	SAWYER, BDDKKEEPER, etc.	Attenurelevery 1920
The Person of the Person of	work was done, as SILK MILL, SAW MILL, BANK, etc.	Cardia de conpusation 1933
	10 Data deceased last worked at 11. Total time (years)	Country
		Other Contributory Canses of importanca:
	I 13. NAME Gacot W. Mack	
	4 14. BIRTHPLACE (cky or town)	
	I I WANTE WANTE WELL THE	
1	O 16. BIRTHPLACE (city or town) (State or counfry)	Where did injury occur?
9	Duta alles	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
		Manner of injury
	Placa / / Date (Pr. 73 1934	Nature of Injury
	19. UNDERTAKER Lo Francis A fese	24. Was diseasa or Injury In any way ralated to occupation of deceased?
		March to Attach
1	20. FILED 4/2/ , 1932 Al (Curo devent	and a standard
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	2) more visited are needed, address offere registrary,	-7 C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

V. S. No. 1

TION is very important. See instructions on back of certificate.

20. FILED Spu 19, 193

PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03697
1. PLACE OF DEATH	(159)
County Coarroll	Registration Dist. No.
Village or City Oyl La-Velle	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 775mos	
2. FULL NAME IT UM Oleria S	mos
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. Sp. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 1934
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Day) (Year) 22. HEREBY CERTIFY, That Lattended deceesed from
6. DATE OF BIRTH (month, day, and year) april 28, 1934	I last sawn . (1. alive on
7. AGE Years Months Days If LESS than 1 day 21 hrs.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spe	Carriacqueluse
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Syxes ville (State or country)	Other Contributory Causes of Importance:
13. NAME GREGIONE B. HONES	
(State of country)	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME ESTAGE V. Johnson 16. BIRTHPLACE (city or town). Ballo	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Ballo (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Engana B. Morro	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL OREMATION OR REMOVAL Date Afth 38, 1934	Manner of injury
19. UNDERTAKER Sylle VSaul Sure. (Address) Syllesville VIII.	24. Was disease or injury in any wey releted to occupation of deceased? 200
20 EUED Dlue 29 10.34 CHarry Meer	(Signed) auch 13 Muches M.D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage, BUR.	July 5, 1927	Peritonitis	3 days ago
Annual Control of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
inf sta SUP	1. PLACE OF DEATH	(52) (03698
of n of	County Clarcall	Registration Dist. No.
she of	Village or City Vanufslesse	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS		ds. How long in U.S. if of foreign birth?yrsmosds
Ever CIAN temen	2. FULL NAME Isaug James Ca	lives
· H =	(a) Residence: No.	St., Ward.
7	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
IN .	male white Widowed	april 28 1934
X A C T I	5a. If matriced, widowad, or divorced HUSBAND of	(MWmth) (Day) (Year)
MA A ass	Torry MIFEN Susan Palmer	22. HEREBY CERTIFY, That Lattended decased from
EX Class	6. DATE OF BIRTH (month, day, and year) Dec 9-1847	I last saw h. um alive on Oful 16, 1934; daeth is said
ed ed perl fica	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at & .m.
IS A l stated properl	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
IIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER. Returned pumpmer SAWYER, BOOKKEPER, etc.	Carcinoma of face 1933
ould may back	S. Industry or business in which	Trouternoma of face 1730
VK—T should it may n back	SAW MILL, BANK, etc.	
E	this occupation (month and 1925) 11. Total time (years) spent in this occupation occupation	
AG AG tha tions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
AD] sd. s, se ruct	(State or country) (Sunsy warner	arterioselerosis
NFAI oplied. erms, instru	13. NAME Jeorge Palmer	
sul sul in t	4. BIRTHPLACE (city or town)	Name of operation
ritti pla pla	(State of Country) Letting well	What test confirmed diagnosis? They Exam Was there an autopsy? The
, W refu	T	23. If death was due to external causes (VIOLENCE) fill in also the following:
Can Can CATH	16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?
AIN Id be DEA y im	17. INFORMANT WY Palever	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PL houl OF	(Addrass) Decupation ma	•
E S S S S S S S S S S S S S S S S S S S	18. BURIAL, CREMATION, OR REMOVAL. Place I - aufortend Md Date afri 30 1934	Mannar of Injury
-WRIT mation CAUSI TION	A 1 0 1 11+	Nature of injury
TCH	19. UNDERTAKER Call Call Call	24. Was disease or injury in any way ralated to occupation of decaesed?
mi i	20. FILE Cepril 30 1934/ mildred S. Hughes	(Signad) William R. & Denner M. D.
不一	(deputy) Refisirar.	(Addrass) Manchestes Ind
	If more blanks are affeded, add est State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	51 61	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
7 - 00				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
		,		

state

plnods

of OCCUPA-

1.	ST. PLACE OF DEAT		F MAR	/LAND-	CERTIFICATE OF DEATH derculosis Sanatorium	3699
1	County Carro		111-2		ored Branch 28 Registration Dist. No. 74	
	Village or City Hen	ryton,			No. (Above) St., 'death occurred in a hospital or institution, give its NAME instead of street and a 15 ds. How long in U.S. if of foreign birth? yrs. me	
2	(a) Residence: No. 1	eorge A 532 W11	braham mer Cou (Usual place	rt, Balt	imare, Modard. If nonresident give city or town and	State
ADDES	PERSONAL AND	STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or RACE	5. SINGLE, MARI OR DIVORCED Singl	(write the word)	21. DATE OF DEATH April 2, 1934 (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of				Jan., 18, 1933 ₁₉ , to April 2, 1	
6.	DATE OF BIRTH (month, day,	and yeer) OC	et., 2,	1902	last saw him elive on April 2, 1934, 19	_; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the dete stated above, et 7.00 A. M.	
1	31	5	0	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	Date of onset
NOI	8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEF	rticular es SPINNER, PER, etc	Bell Bo	у	Pulmonary Tuberculosis	
CCUPATION	9. Industry or business in work was done, as SI SAW MILL, BANK, et	ILK MILL, tc	Unknown			Oct. 1932
00	10. Date deceased last work this occupation (mon yoar)	ked et ith and Unkno	11. Total ti	me (years) it in tunknow pation		
12	BIRTHPLACE (city or town) (State or country)	Mitch	nellvill		Dther Coutributory Causes of Importance:	-
ER	13. NAME	John	Randall			
FATH	14. BIRTHPLACE (city or tov (State or country)	unkno Mary			Name of operation Date of What test confirmed diagnosis? Was there an	autopsy? No
2	15. MAIDEN NAME	Flore	ence Jon	es	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or too (State or country)	Unlene	own		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17		E. O'l	Neill, M	1.D.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18	BURIAL, CREMATION, OR R	EMOVAL	Date 4/5	1984	Manner of injury	
19	UNDERTAKER MUS (Address) /63/		Holla	uel vie.	24. Was disease or injury in any way related to occupation of deceased?	no
20	D. FILED 4/2/34 ,1	19. The	NEO,	ricel.	(Signed) This Of New	ee M. D

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Loca

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis bear	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat acphritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	

V. S. No. 1

	1. PLACE OF DEA		OF MAR	YLAND-	CERTIFICATE OF DEATH	3700
	County Cari				wia	3
	Village or City nea		tt,-R.F	.D.Woodb	inenold St. St.	Ward
	Langth of residence in c	city or town where o	daath occurred_5	lyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and by the street and the stree	number)
	2. FULL NAME			<i>.</i>	, , , , , , , , , , , , , , , , , , ,	05us.
sce			(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
-	PERSONAL AN		ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male V	Nhite	OR DIVORCE	RIED, WIDOWED, (write the word) ngle	21. DATE OF DEATH April - 27 - (Month) (Day)	, 1934 (Yaar)
	HUSBAND of (or) WIFE of		 	0	22. I HEREBY CERTIFY. That I attended april 23, 1924, to april 27	deceased from
	DATE OF BIRTH (month, da	y, and yaar) 10 Months	58-10-21 Days	If LESS than	llast saw ham aliva on april 26, 1934	; death is said
1	75	5	29	1 day,hrs.	to have occurred on the date stated above, al. : 30e, ,-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	No Trade and anima	Particular		ormin.	ware as follows:	Date of onset
OCCUPATION	kind of work done SAWYER, BOOKKE Industry or business: work was done, as SAW MILL, BANK,	n which	rm labo	rer	Broncho-freumonia	4 days
000	10. Date dacaased last wo this occupation (mo year)	rked at		ne (years) t in this pation		~~~~~~
12	. BIRTHPLACE (city or town) (Stata or country)		l Co.,	· · · · · · · · · · · · · · · · · · ·	Other Contributory Causes of importance:	
1ER	13. NAME Jan	nes Roge	rs,			
FATHER	14. BIRTHPLACE (city or to (State or country)		oll Co.		Name of oparation Data of	
ER	15. MAIDEN NAME	largaret	Slick,		What test confirmed diagnosis? Was there an a 23. If daath was due to external causes (VIOLENCE) fill In also the following	
MOTHER	16. BIRTHPLACE (city or to (State or country)		ll Co.,		Accident, suicide, or homicide? Data of injury	
	(Addrass) R.F.I	W.Shoe	maker		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR F	REMOVAL		11.29,34	Manner of injury	
19	. UNDERTAKER Office (Addrass)	n. Halt	md.		24. Was disaasa or injury In any way related to occupation of daceasad?	no
20	FILED afril 27	1984 Edu	early had	Registrar.	(Signad) MA Morkers (Addrass) Sykisvelle	m.D.
		If more b			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

		RGI	N KE	SERVI	3.0	FOR	ARGIN RESERVED FOR BINDING	5	~
PLAINLY, WITH TAFADING INK-THIS IS A PERMANENT REC	WITH	NNFAL	ING I	NK-T	HIS	IS A P	ERMANI	ENT I	REC
ould be carefully supplied. AGE should be stated EXACTLY. P	efully a	supplied.	AGE	plnods	þe	stated	EXAC.	TLY.	4
F DEATH in plain terms, so that it may be properly classified. Exac	in plair	terms,	se that	it may	pe	properl	y classifi	ed. E	Xac
come important Con instanctions on healt of contificate	Sur tur	no inetru	or or or	on hook	200	andifican.	40		

B.—WRITE

V. S. No. 1

or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1370)								
state UPA-	1. PLACE OF DEATH									
ould Occ	County Carroll Registration Dist. No. 81.									
should of OCC	Village or City Miron Bridge Ma	No. St. Ward								
CORD. Every in PHYSICIANS oct statement o	(If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidanca in city or town where death occurred yers mos. 2. FULL NAME CALL CALL									
RD. YSI sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State								
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH								
L Y	3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Afr. 26 , 193 4 (Year)								
A C ssifi	5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. Of I HEREBY CERTIFY. That I attanded daceased from								
	6. DATE OF BIRTH (month, day, and year) Lan 2 - 32	I lest saw h aliva on								
IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at								
be se be co	8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	Searly Fever 4-11-3								
H	4 9. Industry or business in which	acus Rheunste Jever. 4-15-								
NK-T should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, atc	Alle Mennette Jens. 4-20.								
1 m 1 0	11. Total tima (years) this occupation (month and spent in this occupation									
d. d. s. se	12. BIRTHPLACE (city or town) Winon Bridge Md. (Stata ar country)	Other Coutributory Causes of importance:								
NF. plie rms nst;	13. NAME Harry Schell a									
sup in te	13. NAME Fary Chest 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What tast confirmed diagnosis? Clusical Was there an autopsy? No								
WIT fully n pla nt.	15. MAIDEN NAME EMEL M. Smuth	23. If death was due to external causes (VIOL ENCE) fill in also tha following:								
Care Care TH i	16. BIRTHPLACE (city or town) ascase Mike. (State or country.)	Accidant, suicide, or homicide? Data of Injury, 19								
Y DA	17. INFORMANT Sehelle Scholle March (Address) Mujon Bridge March 1988	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.								
	18. BURIAL, CREMATION OR REMOVAL	Mannar of injury								
ion USE	Place Place - Place - 1937	Netura of injury								
.—WRITE mation s CAUSE TION is	19. UNDERTAKER DAY TO THE TOTAL OF THE TOTAL	24. Was disaasa or injury In any way related to occupation of daceased? 25								
T	20. FILED Ages. 28, 1934 Lichman Registrar.	(Signed) As J. Huston M. D. (Address) Allettender My								
		(Address) - Decetar Street, Baltimore, Requesting U. S. No. 1.								

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 days ago
		1030	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

it may AGE should

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

TION is very important.

19. UNOERTAKER

(Address)

of OCCUPA.

Exact statement

-WRITE PLAINLY, WITH

N. B.

STATE	OF	MARYI	AND-	CERTII	FICAT	F OF	DEATH
OUVIL		MIVILLE	שוות	CLIVIII	ICAI		DLAII

	SIAIL	OF MAKILAND	CERTIFICATE OF DEATH OUTUA	1
. PLAC	CE OF DEATH		(2,5)	
Count	ty Courall	*******	Registration Dist. No.	
Villag	e or City Lykes	elle	Notpringful State Nago pils	Bei
	n of residence in city or town when	e death occurred 3 yrs. 9 mos	If deeth occurred in a hospited or institution, give its NAME instead of street and number) s	ds
(a) R	Residence : No.	(Usual place of abode)	St., Ward. Assertiele Md. If nonresident give city or town and State.	
PER	SONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH	

Village or City Ly Resaells Length of residence in city or town where death occurred. 3 yrs.	(If death occurred in a hospital prinstitution, give its NAME instead of street and number) 9 mos. / 2 ds. How long in U.S. If of foreign birth? yrs. mos.
2. FULL NAME Service Service (Usual place of abode)	St., Ward. Message with Med. If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOO OR DIVORCED (write the Defeatales) 55. If married, widowed, or divorced	
HUSBANO of Cor) WIFE of Cleekeann Senty 6. DATE OF BIRTH (month, day, and year) Sept. 29, 18 7. AGE Years Months Days If LESS	1 HEREBY CERTIFY. That I ettended deceased from 19.30, to applied 9, 19.24; death is set to have occurred on the dete stated above, at 12.12 m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupetion (month and year) occupation	
12. BIRTHPLACE (city or town) Frederick Cana (State or country) mary Land	Other Contributory Causes of importance:
13. NAME Leave III. abel	
13. NAME Seacge III. Abel 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Klary X. Lines 16. BIRTHPLACE (city or town). The during the Care (State or country) 17. INFORMANT. Applicate Regards (Address)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

17700

Nature of Injury_

(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by sire car as	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitie	3 days ago
		II YAM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

1	. PLACE OF DEATH			(B)	5
	County <u>Carroll</u>		*****************	Registration Dist. No. 0	,
	Village or City Bernett	P R.F	.D. Woodbine	Md ND. St.	Ward
	length of residence in city or town who	re deeth coour	47 6 70	death occurred in a horpital or institution, give its NAME instead of street and i	number)
	Control of the state of the sta			minimum tong in 0, 5, it of foreign birth?yrsmi)505.
2	FULL NAME Reese				
	(a) Residence: Np.	Ber	rett. Md.	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	State
3. S	EX 4. COLOR OR RACE		E, MARRIED, WIDOWED,	21. DATE OF DEATH	
1	Male White	OR D	VORCED (write the word) Married	April - 24 -	, 1934
	If married, widowed, or divorced			(Month) (Day)	(Year)
	HUSBAND of (er) Wiffen Florence	e R.S	hipley,	22. I HEREBY CERTIFY. That I attended	deceased from
				Led my My dings a Gariel 2372	
6. E	DATE OF BIRTH (month, day, and year) AGE Years Months		1	Trast saw il	; death Is said
1	AGE Years Months	, Di	If LESS than I day,hrs.	to have occurred on the date stated above, the cause of importance	
-			O ormin.	were as follows:	Date of onset
ATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	armer	(retired)	asterioclerasis	1021
A	9. Industry or business in which		4-1	7	1931
5	9. Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc				
Ö	10. Date deceased last worked at this occupation (month and	11	Total time (years) spent in this		
	year)		occupation	Other Contributory Causes of importance:	
12.	Date of the control o	coll C	0,,	· · · · · · · · · · · · · · · · · · ·	
× 1		cyland	10.7 mm	Chrone Julustilial Rephiles	1933
		ey Shi			
FA		rroll	Co.,	Name of operation Date of	
2	All Co.	A.Shi	nlow	What test confirmed diagnosis? Was there an a	utopsy?
뿔	a			23. If death was due to external causes (VIOL ENCE) fill in also the following	
S S		rroll	00.,	Accident, suicide, or homicide? Date of Injury	, 19
	Ala			Where did injury occur?(Specify city or town, county and State	e)
17.	INFORMANT Mrs.Flor (Address) R.F.D.Wood			Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	ACE.
18.	BURIAL, CREMATION, OR REMOVAL	·	u.	Manner of Injury	
	Beachdenburg Cemi	JDate	April 27,1934.	Nature of injury	
10	MADERIANE Com of	184		24. Was disease or injury In any way related to occupation of deceased?	200
19.	UNDERTAKER Hardiel	(me	d	If so, specify	
20	FILED april 2634 &	Teca	m. Theolott	(Signed) L. Lo, Statety	M. D.
ZU.	TILLO STATE OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE	Silve	Registrar.	(Address) New Windson 7	ud.
	If m	ore blanks are 1	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
No. of the second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 H

ż

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03704
County Carroll	(B)
	Registration Dist. No.
Village or City Dy Resurlle	No. Amngfield State Horfutal St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrs mos	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Is a ac 7. Shriver	
(a) Residence: No. Union Bridge, Ind	St., Ward. Union Bridge. Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended dacased from Accentury 28th 1930 to april 17th 1934
6 DATE OF BIRTH (month day and year) March 24th 1853	
6. DATE OF BERTH (month, day, and year) March 24th 1853 7. AGE Years Months Days If LESS than	I last saw h aliva on
8/ 0 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Farm laborer	1 to 10to com a lat day of
A Industry or business in which	Mec. 1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chrome myocardeter and Chromo Prion to
10. Date decaased last workad at turknown this occupation (month and year) 11. Total time (years) #8 spant in this occupation occupation	Nephritis Acc, 1930
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lukurun (State or country) Panael Co. Ind	
14. BIRTHPLACE (city or town) unknown (State or country) Carroll Co. Md.	What test confirmed diagnosis? Less two states are august 200987. Ho
15. MAIDEN NAME Elizabeth Stoner	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Carroll Co Ind.	Where did Injury occur?
17. INFORMANT Springfield State Hospital/Records) (Address) Sykesville, md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place in the met Date pr 19, 1834	Natura of injury
10 HUDERT AND DAYS - ARRED KICK - let	24. Was disease or injury in any way related to occupation of daceased? No
19. UNDERTAKER AND STATE AND	If so, specify
Story 17 . Let Colored Noon	(Signed) John h. Morris M.D.
20, FILED Registrar.	(Addrass) (S.J. H.) Sykesvelle Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 4 1674	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 8	July 5,1927	Peritonitis	3 days ago
Company of the Compan			1-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is

1. PLACE OF DEATH				(23)	4
County Carrol				Registration Dist. No.	7.4
Village or City Aut	esville			No. Springfuls State Hospital St.,	Ward
Length of residence in city or to	wn where death	occurred		death occurred in a hospital or institution, give its NAME instead of street at 2.6 ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME Gds	vard s	Lewie	0 .		
	70.7 a			St. Ward. Baltimone. Ind	
(a) Residence, No.	Z. 11.1 Z	(Usual place o		If nonresident give city or town a	ind State
PERSONAL AND ST	ATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	*)
3. SEX 4. COLOR OR White		INGLE, MARR	(write the word)	21. DATE OF DEATH april 19th (Month) (Day)	, 193 // (Year)
ia. It married, widowed, or divorced HUSBAND of		0			(102.)
(or) WIFE of				22. I HEREBY CERTIFY. That I attend november 23 1938, to april 195	ed deceased from
DATE OF BIRTH	from	100. 5	rd 1915		4.: death is said
5. DATE OF BIRTH (month, day, and y	Months	Days	If LESS than	to have occurred on the date stated above, at 1.35 A.m.	2-1, ucath is said
19	2	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particula		1 4	ormin.	were as follows:	Date of onset
kind of work done, as SPI SAWYER, BOOKKEEPER, et	NNER.	one		0/1	november
9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc.				Julmonary Tuberculoses	1 1033
	·				
10. Date deceased last worked at this occupation (month and year)	*********	11. Total tir span occu	ne (years) tin this pation		
12. BIRTHPLACE (city or town)	Baltin	evre		Other Contributory Canses of importance:	-
(State or country)	m	d.			
13. NAME Romando	Diewi	rski			
14, BIRTHPLACE (city or town)	Unknow	on		Name of operation None a Date of	
(State or country)	Polo	rnd		What test confirmed diagnosis?	n au'opsy?
15. MAIDEN NAME Mary	nizes	olek		23. If death was due to external causes (VIOL ENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	Truku	vun		Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Co	land		Where did injury occur?	
17. INFORMANT Jungfuld (Address)	State H		Records)	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	
18. BURIAL, CREMATION OR REMOVE	AL.	0		Manner of Injury	
Place St, Slanisla	us D	ate upn	123.1,1934	Nature of injury	
10 HADEDTAVED & Jongo	a an	Veler		24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	ann	rl	/	If so, specify	
20. FILED Afra. 19, 193	4 COH	my,	Hee	(Signed) John M. Morris	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	9)
County Caurall	Registration Dist. No. 74
Village or City See Recolle Length of residence in city or town where death occurred 3 yrs.	(If death occurred in a hospital of institution, give its NAME instead of street and number) mos. / ds. How long if U.S. if of foreign birth?
2. FULL NAME Vislette Stanis	
(a) Residence: No. (Usual place of abode)	St., Ward. Hagkertown Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the second control of th	
6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from fau 30 ,1991, to affail 10, 1994 Clast saw h. At alive on April 9 ,1994 death is said
7. AGE Years Months Days If LESS 1 day, or	than to have occurred on the date stated ebove, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Orlerios Elissis 1929
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Treker Staves	,
14. BIRTHPLACE (city or town) Washington Co. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Valle (superior 16. BIRTHPLACE (city or town) Washington (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Macquirology Mac Date 1/11. 13., 1	Mannar of Injury Nature of injury
19. UNDERTAKER & Sett Minnich Vol. (Address) Hayerstown Ma	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D.
Regi	strar. (Address) - Le Revelle Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A THE STATE OF THE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 . (1.3 . 3	July 5, 1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B. of OCCUPA-

County Carroll Village or City Washington	CERTIFICATE OF DEATH 0370
County Tarroll This way work	Registration Dist. No. 26
Village or City Westmins on Minister	No. St., Ward
) (If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calbert Frumh	
(a) Residence: No. 3 6 W. Maria. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What widowred	21. DATE OF DEATH OF A. 8 4 , 193 4 (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of noy/smore	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) (9 cf. 15- 18-63	I last saw h we elive on apr 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 5- 12 fday,hrs	mare as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Sawyer ROOKKEFEER att.	Mesholis (Chones) Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Myorardis (")
Work was done as SILK MILL.	Milos + Borbe (orgulation)
SAW MILL, BANK, etc	
year) occupation	Other Contribute Comment of the Contribute of th
12. BIRTHPLACE (city or town)	Other Contributory Canees of Intertances
(State or country) Mid.	- Lalema & return body
13. NAME + acob 7 rum/	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) // CC	What test confirmed diagnosis? Was there en eu'opsy?
15. MAIOEN NAME /// argaret ff. y att	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Deana Journal (Address) 36 W. Main St. Westminst, Jul	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place monule from ten Octo frul 11- ,1934	Nature of injury
19. UNDERTAKER Bunkard Don (Address) Westminster Dr. S	24. Wes disease or injury In eny way related to occupation of deceased?
20. FILED 4/1/ 19/1/2/1/2000	(Signed) Lice Frank M. D
Registraf.	(Address) Mfarmoll las
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEATH V. 2	5 · 18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.00
county Carroll	Registration Dist. No.
Village or City Treemount	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME ELMOV ULZ	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Manuel Manuel Transport	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) SIFE of Parried 11, 1847 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or main. 8. Trade, profession, or particular kind of work done, as SPINNER, Ref. Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Capacitation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (State or country)	22. I HEREBY CERTIFY. That I attended deceased from Africal 8., 1934, to Office 19, 1934 I last saw h. I live on Office 8., 1934; death is said to have occurred on the date stated above, at 9.300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of longer 19, 1934; death is said to have occurred on the date stated above, at 9.300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Contributory Causes of importance: Usuale Other Contributory Causes of importance: Usuale Other Contributory Causes of importance:
13. NAME David Ulz. 14. BIRTHPLACE (city or town) (State or country) Paragelorence	Name of operation
15. MAIOEN NAME Elisabelle Bolton 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL MADELY DELY MINE 22, 1934 19. UNDERTAKER LE CAL Winks Som	Manner of injury Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased?
20. FILEOCIPIEL 20, 1934 John So Hergisty. Registyf. Vf more blanks are needed, address State Registrar,	(Signed) Ham M. D. (Address) Humsfield' M. D. (Address) Humsfield' M. D. 2412 N. Charles Street Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. W	\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

item of infor-

Exact statement of OCCUPA.

	CERTIFICATE OF DEATH	2700
1. PLACE OF DEATH	108	3793.
County Carrall	Registration Dist. No.	74
Village or City Le Resoulle	No Receng feeler State Nova	feelward
Length of residence in city or town where death occurred 12 yrs 3 mos	death occurred in a hospital or institution, give its NAME instead of street and the death of the death of the death occurred in the	
2. FULL NAME Margaret Wils	tefred of an P	1
(a) Residence: No. (Usualplace of abode)	8t., Ward. Alle Veller was and	State .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, widowed, or divorced	21. DATE OF DEATH Seriel (Bay)	, 193 (Year)
HUSBAND of (or) WIFE of feeeft lokileful	22. I HEREBY CERTIFY, That I attended Coffice 19. 19. 4. to Office 9.	deceased from
6. DATE OF BIRTH (month, day, and year) Out 22 1863	I last saw have alive on brief 9 , 1984	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12. A. T.m.	
70 5 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Later Tremence	4-2-84
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc. 10bate deceased lest worked at this occupation (month end		
11. Total time (years) this occupation (month end year)		
12. BIRTHPLACE (city or town) Slade Hell (State or country)	Othor Contributory Causes of Importance:	-
	-	
H ()		
14. BIRTHPLACE (city or town)	Name of operation Date of	
	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Cofee Co Marchall 16. BIRTHPLACE (city or town) Crack Canad (State or country) Man Land	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
17. INFORMANT Hopetel Reach	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Delta Pa. Date Afer. 11, 1834	Nature of injury	
19. UNDERTAKER Sylve Son Son. (Address) Sufficientle Md.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Afri 9, 19 34 CHarry Heer Registrar.	(Signed) Mays M. Cera (Address) Lawris Ma	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis 14 4 4	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR F	UKTHEK	STATEMENTS	BX	PHYSICIAN

County Carroll					Registration Dist. No.	1
	Village or City n.e.	ar Winf	ield,-R	.F.D. West	mirNoter. St., f death occurred in a horpital or institution, give its NAME instead of street and	Wa
	Length of residence in	city or town where	death occurred	40 yrs. mo	f death occurred in a horpital or institution, give its NAME instead of street and sns.	number)
2	FULL NAME					
	(a) Residence: No.	nea	r, Winf	ield,Md.	St., Ward. If nonresident give city or town an	
ellinon.	PERSONAL AI					d State
3. S	SEX 4. COL	OR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word) rried	21. DATE OF DEATH April - 23 - (Month) (Day)	192
5e.	If merried, widowed, or div		Ma	Tried	(Month) (Day)	(Year)
	(or) WIFE of	anro Yo	hn,		22. HEREBY CERTIFY, That I ettended	MA
6 [OATE OF BIRTH (month, d	w and was 7.8	61-0-16			19.3
_	AGE Years	Months	Days	If LESS then	to have occurred on the date stated above 3t: 30 a.m.	- ; death is s
	72	7	7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:	17
CCUPATION	8. Trede, profession, or particle kind of work done SAWYER, BOOKKE	perticular , as SPINNER, EPER, etc	Housewi	fe	Of romine Endocorditis &	Data of ons
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc					Valvulay dis evel	
000	10. Date deceased lest we this occupetion (myear)	orked et onth end	11. Totel	time (yeers) ent In this supation		
12. BIRTHPLACE (city or town) Carroll Co., (Stete or country) Maryland					Other Contributory Causes of importance:	• ••
ER	13. NAME	saac Ki	ler,		Pleurey	
FATHER	14. BIRTHPLACE (city or t		oll Co.	.2	Neme of operation	
	(State or country)	Mar Elizabe	yland.	0.00	What test confirmed diegnosis? Was there an	autopsy?
MOIHER	15. MAIDEN NAME				23. If deeth was due to external couses (VIOLENCE) fill In elso the followin	
E	16. BIRTHPLACE (city or t (State or country)	own) <u>varr</u> Ma	ryland.		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT ME	nro Yoh	n.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) .ACE.
18.	BURIAL, CREMATION, OR	REMOVAL ,			Manner of injury	
19. UNDERTAKER 6. M. Walty (Address) Transfield md				₹.	24. Wes disease or injury in any way releted to occupation of deceased?	
20.	FILED 4-24-	1934 6	m.5	Farrer al Registrar.	(Signed) Library Coundron	7a M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WOFAU Y.	7,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-

-
1

1. PLACE OF DEATH	040
County Carroll	Registration Dist. No. 7
Village or City White Nown	No
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Old I. Sollie	ell offer
(a) Residence: No.	Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 71. COLOR OR RAGE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 1. WILLIAM WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widoward, or divorced HUSBAND of (or) WIFE of Miller A Law Lick of	22. I HEREBY CERTIFY, That I attended deceased in 1934 to Mar 6 193
C DATE OF RIPTH (PORTS 400 000 000 000 000 000 000 000 000 00	J last saw h ea alive on Mh 5 193 Y : death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays, If LESS than	to heve occurred on the date steted above, at
68 8 / 8 Idey,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, House Recker SAWYER, BDDKKEFPER, etc.	hacing hectors
9. Industry or business in which work was done, as SILK MILL,	Probably coronary desease the
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 40. Bate deceased lest worked at 11. Total time (years)	Amany yours boat had hair
this occupation (month and year) spant in this occupation	I for siveral years.
12. BIRTHPLACE (city or town) Carroll Co Ma	Dither Contributory Causes of importance: Alffuller Sen - as level
(Stete or country)	- disease of many years
# 13. NAME Wavid Spraker	Nanding !
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME & OPMA STELLWOOD 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or_country)	Accident, suicide, or homicide? Date of Injury, I9
17. INFORMANT Millon a Jolls the offe	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Musical Company (Address) 18. BURIAL, CREMATION, DR REMOVAL	
Unidebutoum M. P. Co Date Worl 9, 193	Manner of injury Nature of injury
10 HADEDTAKED DE DESCRIPTION Sons	24. Was disease or injury In any way related to occupation of deceesed?
19. UNDERTAKER (Address) (Address) (Address)	If so, specify
20, FILED apr. 9, 1034 Margaret R. Engla	(Signed) Musey in helpy
Registrar. If more blanks are needed, address State Registr.	(Address) Wisher and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUILDERU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	